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SCHOOL HEALTH SERVICE



ANNUAL REPORT

SOMERSET COUNTY COUNCIL

1971



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SOMERSET COUNTY COUNCIL

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1971

A. PARRY JONES,

M.B., B.Ch., D.P.H.

Principal School Medical Officer.

CONTENTS

	FOREWORD	..	..	..	..	..	..	..	..	..	..	1
	SCHOOL HEALTH SERVICE STAFF	..	..	..	..	..	..	..	..	..	..	2
	School Health Services	..	..	..	..	..	..	..	..	..	..	4
	Administration	..	..	..	..	..	..	..	..	..	..	4
	Courses and Conferences	..	..	..	..	..	..	..	..	..	..	4
	School Population	..	..	..	..	..	..	..	..	..	..	4
	Schools and School Children	..	..	..	..	..	..	..	..	..	..	5
	School Clinics	..	..	..	..	..	..	..	..	..	..	5
I.	INSPECTION AND TREATMENT	..	..	..	..	..	..	..	..	..	..	6
	Medical Inspection	..	..	..	..	..	..	..	..	..	..	6
	General Condition of Children Inspected	..	..	..	..	..	..	..	..	..	..	6
	Defects Found at Medical Inspections	..	..	..	..	..	..	..	..	..	..	6
	Cleanliness of School Children	..	..	..	..	..	..	..	..	..	..	7
	College of Education Students and Teachers	..	..	..	..	..	..	..	..	..	..	7
	Minor Ailments	..	..	..	..	..	..	..	..	..	..	7
	Audiology Service	..	..	..	..	..	..	..	..	..	..	7
	Paediatric Services	..	..	..	..	..	..	..	..	..	..	9
	Convalescence	..	..	..	..	..	..	..	..	..	..	9
	School Ophthalmic Service	..	..	..	..	..	..	..	..	..	..	9
	Speech Therapy	..	..	..	..	..	..	..	..	..	..	9
	Orthopaedic Service	..	..	..	..	..	..	..	..	..	..	10
	Child Guidance Service	..	..	..	..	..	..	..	..	..	..	11
	County Dental Service	..	..	..	..	..	..	..	..	..	..	13
II.	INFECTIOUS DISEASES AND IMMUNISATION	..	..	..	..	..	..	..	..	..	..	16
	Infectious Diseases	..	..	..	..	..	..	..	..	..	..	16
	Vaccination and Immunisation	..	..	..	..	..	..	..	..	..	..	18
III.	HANDICAPPED PUPILS	..	..	..	..	..	..	..	..	..	..	21
	Responsibility for the Education of Mentally Handicapped Children	..	..	..	..	..	..	..	..	..	..	21
	Blind	..	..	..	..	..	..	..	..	..	..	21
	Partially Sighted	..	..	..	..	..	..	..	..	..	..	21
	Deaf	..	..	..	..	..	..	..	..	..	..	21
	Partially Hearing	..	..	..	..	..	..	..	..	..	..	21
	Educationally Subnormal	..	..	..	..	..	..	..	..	..	..	21
	Epileptics	..	..	..	..	..	..	..	..	..	..	22
	Maladjusted	..	..	..	..	..	..	..	..	..	..	22
	Physically Handicapped	..	..	..	..	..	..	..	..	..	..	22
	Speech Defects	..	..	..	..	..	..	..	..	..	..	23
	Delicate	..	..	..	..	..	..	..	..	..	..	23
	Home Tuition	..	..	..	..	..	..	..	..	..	..	23
	Transport of School Children on Medical Grounds	..	..	..	..	..	..	..	..	..	..	23
IV.	SCHOOL HYGIENE	..	..	..	..	..	..	..	..	..	..	24
	Sanitary Conditions in Schools	..	..	..	..	..	..	..	..	..	..	24
	Milk in Schools Scheme	..	..	..	..	..	..	..	..	..	..	24
	School Swimming Pools	..	..	..	..	..	..	..	..	..	..	25
	School Meals Service	..	..	..	..	..	..	..	..	..	..	26
V.	STATISTICAL TABLES AND GENERAL INFORMATION	..	..	..	..	..	..	..	..	..	..	27

**TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE
OF THE SOMERSET COUNTY COUNCIL**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service in Somerset.

The Report presents a general survey with detailed statistical information of the work carried out in 1971.

The personal medical services available to children were maintained satisfactorily throughout the year and the general state of child health in the County was satisfactory.

In my two previous Annual Reports I drew attention to the rise in the numbers of children found with louse infestation of the hair. Early in 1971 it became clear that strains of head lice in this country had become resistant to organo-chlorine insecticides. Malathion was made available to District Nurses for the treatment of resistant cases and the results are encouraging.

I would thank the Chief Education Officer, the Headmasters, the Headmistresses and their respective staffs, for their unfailing help to our Service. Finally I would like to acknowledge the work of Dr. J. Beasley in the compilation of this Report.

A. PARRY JONES,

Principal School Medical Officer.

County Hall,
Taunton.

July, 1972.

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer

A. PARRY JONES, M.B., B.Ch., D.P.H.

Deputy Principal School Medical Officer

J. BEASLEY, M.B., B.S., D.P.H.

Divisional Medical Officers

P. P. FOX, M.B., Ch.B., D.P.H. (Yeovil)

D. McGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare)

H. MORRISON, M.B., Ch.B., D.P.H. (Taunton)

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater)

Senior Assistant County Medical Officer

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

School Medical Officers

PAMELA M. ANDERSON, M.R.C.S., L.R.C.P.

AVICE M. ATKINSON, M.B., Ch.B., D.Obst.R.C.O.G.

VALERIE N. BAKER, M.B., Ch.B., D.R.C.O.G., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

BEATRICE I. DENNIS, M.B., B.S. (part-time)

EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.

BARBARA E. HANSON, M.B., B.S., L.R.C.P., M.R.C.S. (part-time) (resigned 23rd March, 1971)

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

N. NEWMAN, M.B., B.Ch., D.P.H.

MARGARET PARDOE, M.B., Ch.B., D.C.H. (part-time)

MARGARET I. ROSS, M.B., Ch.B., D.P.H.

HILDA M. SCHOFIELD, M.B., Ch.B. (part-time)

MARJORIE L. STEWART, M.B., Ch.B., D.P.H.

MARION T. THOMSON, M.B., Ch.B., D.P.H.

BARBARA A. WALLACE, M.B., Ch.B., D.C.H., D.P.H.

School Ophthalmologists

J. R. S. BARTON, F.R.C.S., D.O.

R. L. N. STEWART, M.B., Ch.B., D.O.

A. E. WILSON, M.R.C.S., L.R.C.P., D.O.M.S.

} By arrangement with the
} Regional Hospital Board

Principal School Dental Officer

QUENTIN DAVIES, L.D.S., R.C.S.(Eng.) (retired 31st July, 1971)

J. D. PALMER, B.D.S., L.D.S., D.D.P.H. (from 1st September, 1971)

County Orthodontist

N. M. POULTER, L.D.S., D.D.O., R.F.P.S.(Glas.)

Senior Dental Officers

Mrs. A. C. CARTER, L.D.S., R.C.S.(Eng.), B.D.S.(U.Brist.)

H. C. GREEN, L.D.S.(V.U.Manc.)

Mrs. B. C. HARGREAVES, B.D.S.(U.Brist.) (resigned 1st October, 1971)

D. T. HUMPHRIS, L.D.S., R.C.S.(Eng.) (from 4th October, 1971)

R. V. JONES, B.D.S.(U.Edin.) (resigned 6th August, 1971)

D. B. WELLS, L.D.S.(U.Birm.)

School Dental Officers

C. E. AMOS, B.D.S.(U.Brist.)

Miss C. J. ANGUS, B.Ch.D.

R. V. BISHOP, L.D.S., R.C.S.(Eng.)

B. W. BOND, B.D.S.(U.Lond.)

Mrs. C. BRODIE, B.D.S.(U.Dubl.)

R. F. DIRKIN, L.D.S.(U.Durh.)

P. A. DUNCAN, B.D.S.(U.Edin.)

H. R. HARVEY-MOFFATT, L.D.S., R.C.S.(Eng.)

F. C. R. LEWIS, L.D.S.(U.L'pool)

Miss E. M. McRAITH, L.D.S., R.C.S.(Eng.) (resigned 15th December, 1971)

C. C. SCOONES, L.D.S.(U.Sheff.)

School Dental Officers—continued

L. E. SCULL, L.D.S.(U.Brist.)
 T. R. STONE, L.D.S.(U.Brist.) (resigned 28th February, 1971)
 C. H. THOMAS, B.D.S.(U.Brist.)
 Mrs. G. M. WALKER, L.D.S.(V.U.Manc.)

Child Guidance Team

A. H. BAKKER, M.B., D.P.M. (part-time Consultant Psychiatrist)	}	By arrangement with the Regional Hospital Board
M. F. BETHELL, M.D., D.P.M. (part-time Consultant Psychiatrist)		
Mrs. M. CARTER, M.R.C.S., L.R.C.P., D.P.M. (part-time Consultant Psychiatrist)		
E. G. OSTLER, M.B., B.S., D.P.M. (part-time Consultant Psychiatrist)		
Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker)		
Mrs. F. BODMAN, A.A.Ps.W. (part-time Senior Psychiatric Social Worker)		
Mrs. R. GILLET (part-time Social Worker) (from 11th January, 1971)		
Miss J. W. HASLER (part-time Senior Psychiatric Social Worker) (resigned 13th January, 1971)		
Miss M. J. WILSON, B.A., A.A.Ps.W. (Senior Psychiatric Social Worker)		
Mrs. M. R. WINCHESTER, A.A.Ps.W. (part-time Psychiatric Social Worker)		
Miss K. E. J. WRIGHT, B.Sc.(Econ.), C.S.W.(Social Worker)		
W. ROBERTSON, M.A., M.Ed., F.B.Ps.S. (Senior Educational Psychologist)	}	Education Staff
Miss K. BLYTHEN, B.A., A.B.Ps.S. (Educational Psychologist) (retired 30th April, 1971)		
J. F. COLE, B.Sc. (Educational Psychologist) (from 1st August, 1971)		
Miss M. R. GREY, B.A., A.B.Ps.S. (Educational Psychologist)		
L. P. JORDAN, B.A., B.Mus., Dip.Ed.Psy. (Educational Psychologist)		
D. J. KNAPMAN, B.A. (Educational Psychologist) (from 1st September, 1971)		
D. LAWRENCE, B.A., A.B.Ps.S. (Educational Psychologist)		

Speech Therapists

Miss D. E. M. LEDAMUN, L.C.S.T., A.L.A.M. (Senior Speech Therapist)
 Miss C. P. BAILWARD, L.C.S.T.
 Mrs. M. L. CHRISTIE, L.C.S.T.
 Miss W. E. COOKE, F.C.S.T., A.R.A.M., M.R.S.T. (part-time) (resigned 28th January, 1971)
 Mrs. G. HEPWORTH, L.C.S.T. (part-time)
 Miss C. E. HOPE, L.C.S.T.
 Mrs. M. H. JONES, L.C.S.T. (part-time)
 Miss K. E. LLOYD, L.C.S.T.
 Mrs. J. M. MARTIN, L.C.S.T. (part-time)
 Mrs. M. R. RAWSTORNE, L.C.S.T. (part-time) (resigned 1st March, 1971)
 Mrs. E. M. ROLT, L.C.S.T. (part-time) (from 21st June, 1971)
 Mrs. V. C. STEPHENSON, L.C.S.T. (part-time)
 Mrs. L. M. TARBOX, L.C.S.T. (part-time) (from 7th September, 1971)
 Mrs. V. M. TUCKER, L.C.S.T. (part-time)
 Mrs. J. WALLIS, L.C.S.T. (part-time)
 Miss J. WILLIAMS, L.C.S.T. (from 1st September, 1971)

Visiting Orthopaedic Surgeons

R. A. J. BAILY, F.R.C.S.	}	By arrangement with the Regional Hospital Board
P. BLISS, F.R.C.S.		
A. E. BURTON, F.R.C.S.		
D. DUNKERLEY, F.R.C.S.		
J. R. KIRKUP, F.R.C.S.		
H. ROBERTS, F.R.C.S.		
P. M. YEOMAN, M.D., F.R.C.S.		

Teachers of the Partially Hearing

P. T. CLEARY (Senior Teacher)
 J. H. FOSSEY
 Mrs. C. HIGBY
 P. P. VREESWIJK (resigned 31st December, 1971)

Audiology Technician

Mrs. J. BRICE, N.N.E.B. (part-time) (from 1st December, 1971)

SCHOOL HEALTH SERVICES

The following list gives some indication of the volume of work handled:—

- 25,800 children were medically examined by School Doctors.
- 68,500 were inspected by School Dental Officers.
- 6,300 were inoculated with B.C.G. against tuberculosis of the lungs.
- 9,000 attendances by school children were made at Speech Clinics.
- 4,300 attendances by children were made at Orthopaedic Clinics.

Further details are described in the pages of this Report.

ADMINISTRATION

There were no changes in the administrative arrangements during the year but the Organisation and Methods Team was commissioned to make recommendations regarding the organisation and staffing of the School Health Section of the Health Department. They are expected to report in 1972.

COURSES AND CONFERENCES

Officers attended Courses as follows:—

Assessment of Educationally Subnormal Children, London	Dr. A. M. Atkinson
Speech Therapy Study Course, Minehead	Mrs. M. L. Christie Miss C. E. Hope
27th Child Guidance Inter-Clinic Conference, London	Miss S. Pullen Miss M. J. Wilson Miss K. Wright
Postgraduate Course in Everyday Dentistry	Mr. P. A. Duncan
British Dental Association Annual Conference	Mr. J. D. Palmer Mr. N. M. Poulter
Fellow in Dental Surgery Study Course	Mr. B. W. Bond
Annual Conference of Dental Auxiliary Association	Mrs. M. Raven

SCHOOL POPULATION

The number of pupils on the registers of maintained schools in the area of the Authority in January of each of the previous ten years was as follows:—

1962	71,671
1963	72,006
1964	74,471
1965	75,817
1966	77,337
1967	79,380
1968	82,275
1969	85,918
1970	89,089
1971	96,978

SCHOOLS AND SCHOOL CHILDREN

Type of School		Number of schools in January, 1972	Number of children on register — January, 1972
Nursery	—	2	87
Primary	— First	16	1,217
	— Infants only	62	11,213
	— Infants and Juniors	245	32,400
	— Juniors only	49	14,238
Secondary	— Middle	5	1,666
	— Modern	24	11,646
	— Technical	1	184
	— Grammar	10	5,209
	— Comprehensive	21	18,043
Special	— Educationally sub-normal	13	1,075
		<hr/> 448	<hr/> 96,978

SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 34 and 35 of this Report.

I. INSPECTION AND TREATMENT

MEDICAL INSPECTION

During the year the number of children examined at routine medical inspection was as follows (figures for 1970 are given in brackets):—

School entrants	7,286	(6,881)
Intermediate age-groups	8,406	(7,506)
School leavers	1,585	(869)

Every five-year old school entrant is examined comprehensively soon after starting school. Many of the examinations of children in their last year in Junior school and of those who have reached school leaving age are conducted on a selective basis. The vision and hearing of all entrants is tested.

During the year School Medical Officers also carried out:

1. Special examinations at the request of the parent, teacher or school nurse	2,301
2. Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	6,420

Sixty-three schools were not visited for school medical inspections in 1971.

School Medical Examinations by Family Doctors

During the year, five more doctors in two more practices in the Frome area were included in the Scheme. They began seeing their own schoolchild patients between Frome and Bath, and also in the primary schools at Coleford, Mells and Leigh-on-Mendip.

By the end of the year preparations were well advanced for a computer call-up system for the school medical examinations in the Wincanton area. The family doctors and head teachers there were most helpful with this project which will start in January 1972. It should minimise the problems of the school secretaries.

Some work was started on a further extension of the scheme to cover the Clevedon, Portishead, Nailsea and Backwell Comprehensive Schools and their associated primary schools. It is planned to initiate this further extension involving 10,000 children in September, 1972.

GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors clinically assessed 29 (0.17 per cent) children out of 17,277 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows an increase from last year when the number was 15 (0.09 per cent). The national figure for nearly two million children examined in 1965 was 0.38 per cent.

DEFECTS FOUND AT MEDICAL INSPECTIONS

The Table on page 28 gives details of the defects (excluding dental disease and infestation with vermin) found at periodic medical inspections during the year for each group examined and at special inspections.

By far the commonest defects found were those related to the special senses, namely abnormalities of the ear, nose and throat (145 per 1,000 children examined); eyes (115 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 4,714, of whom 1,039 required treatment for defective vision.

CLEANLINESS OF SCHOOL CHILDREN

Since 1962 school nurses have carried out cleanliness inspections on a selective basis at the request of Headmasters/mistresses.

During 1971, 66,073 children were inspected and 449 found to be infested. This is in comparison with 37,233 children inspected and 390 found to be infested in the previous year.

In January 1971, a report from the Department of Entomology of the London School of Hygiene and Tropical Medicine stated that some strains of head lice had become resistant to organo-chlorine insecticides though they were still sensitive to malathion. There appeared to be no doubt that the resistant strains were widespread and that some Somerset children had been infested by them. A stock of Prioderm, which is a preparation containing 0.5% malathion, was obtained for use by school nurses in resistant cases.

The preliminary results of treatment have been most encouraging.

COLLEGE OF EDUCATION STUDENTS AND TEACHERS

Local education authorities are required to carry out the medical examination of prospective students of Colleges of Education resident in their areas and also of teachers new to the profession who have not already passed a medical examination.

During 1971, the School Medical Officers examined 604 students and 44 teachers. A chest x-ray was arranged for those teachers who had not had a recent x-ray.

MINOR AILMENTS

Minor ailments sessions were held at various clinics throughout the year (see page 34). In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their general practitioners and the hospital services.

AUDIOLOGY SERVICE

On 1st December 1971, Mrs. J. Brice was appointed as a part-time, trainee, audiology technician in the Taunton area. Part of her time is spent at the new Audiology Centre at Musgrove Park Hospital, Taunton, and she visits schools in West Somerset and the Taunton area to "screen" pupils for hearing loss.

Mrs. Brice works under the supervision of the Teacher of the Partially Hearing for the area who is thus released for more appropriate, highly skilled work. It is intended that she should be seconded for a three months audiology technician training course when this can be arranged.

This is another excellent example of collaboration between the County Council and the Hospital Service. The appointment was made jointly with the West Somerset Hospital Management Committee and the cost is also to be shared.

Similar joint appointments are envisaged in other parts of the County.

The following report has been submitted by Mr. P. T. Cleary, Senior Teacher of the Partially Hearing:—

"This year, which concluded with the departure of Mr. P. Vreeswijk to Antigua, proved to be quite eventful. The preliminary work and the appointment of teachers for the new Partially Hearing Units at Weare and at Ralph Allen School at Combe Down, Bath, has been successfully completed. We look forward to the opening of the Units after Easter 1972.

Mrs. C. Higby has moved over to the north east area of the county and a new peripatetic teacher Mrs. D. Peryer, appointed early in January, 1972, has taken over the Weston-super-Mare area. We hope that she will be happy with us.

As in previous years, our biggest headache has been attempting to keep up with the routine testing of new entrants to school, and in most of the County this has fallen well behind. However, with the appointment of an audiometrician for this work in the South West area, we are catching up, and we hope that further appointments for the other areas will soon be made. With the new Audiology Unit now functioning well at Musgrove Hospital, Taunton, regular assessment and progress clinics are being held and our work in co-operation with the hospital is on an ever-increasing basis. Work in the schools and with pre-school children is, as always, on the increase and we receive great help and co-operation from all concerned. I am pleased to say that we are receiving many more referrals from general practitioners."

Mr. J. H. Fossey, Teacher of the Partially Hearing, writes:—

"1971 has shown a continued increase in the number of hearing tests, for both school and pre-school children, requested by school medical officers, head teachers, hospital staff, general practitioners, and health visitors. Co-operation with hospitals at Taunton, Yeovil, Bath and Sherborne has continued, and personal contacts with E.N.T. surgeons and paediatricians have proved valuable.

There is a considerable pressure for hearing tests from the Yeovil area, where the School Health Service and general practitioners are appreciating the need for constant surveillance of children with middle ear infections. This pressure can only be satisfied if help is forthcoming by the appointment of an audiometrician to help with the already considerable backlog of routine screening audiometry in schools.

Another feature of the work in Yeovil has been the regular monthly clinics with Dr. M. I. Ross, School Medical Officer, to discuss children who have recently been found to have hearing defects.

Help with pre-school deaf children and partially-hearing children attending normal schools has continued. The time available for these visits is limited, and much credit for the progress of the school children must lie with the individual class teachers, who often give them a great deal of additional help.

One mother has attended a course at the Nuffield Hearing and Speech Centre, London. This deals with the ways in which parents can help their deaf children, and has proved a valuable help to the family.

1972 will probably bring another increase in the work load, and care must be taken that the pressure for hearing tests does not so overload the system that the help given to individual hearing-impaired children becomes a minor facet of the work."

Mrs. C. Higby, Teacher of the Partially Hearing, reports on the work done in north west Somerset in 1971:—

"The pressure of work in the north west quarter of Somerset has increased in the past year. Weston-super-Mare, Clevedon and Nailsea, as well as many of the villages in the north of the area, are becoming popular commuter areas of Bristol, and the opening of new schools and the enlarging of others has greatly increased the work load in this area.

Approximately 1,500 children have been routinely screen-tested in school, and 57 failures were referred to the school medical officers for further investigation. 426 school children have been referred for audiometry by school medical officers, speech therapists and head teachers; while 100 pre-school children, who had failed to respond satisfactorily to the routine tests of hearing by the health visitors, were also tested.

We are looking forward to the appointment of an audiometrician in this area, to take charge of the routine screening tests, and so free the teacher of the partially hearing to give more help to the children with hearing aids in normal schools. We also look forward to the opening of the Weare Partially Hearing Unit in April, 1972, which will take 6 children from the north west area and give them the concentrated specialist help which they need."

PAEDIATRIC SERVICES

The excellent relationship which exists between the School Health Service and the Paediatric Departments of the local hospitals was maintained, and the arrangements whereby the Education Authority provided teachers and materials for the education of children in hospital continued throughout the year.

CONVALESCENCE

During 1971, five children enjoyed convalescent holidays in Devon at Heathercombe Brake, Manaton.

SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultants examined 1,696 school children (2,005 attendances) prescribing spectacles for 645. In addition 75 pre-school children were examined, chiefly for squint. Information has been received that 941 pairs of spectacles (or lenses to new prescriptions) have been provided. Included in this figure are 220 pairs prescribed prior to 1971.

In Somerset, vision tests are performed at school entry, at 6, 7 and 8 years of age, and then once more in the primary schools at or immediately prior to the 'intermediate' routine school medical inspection at ten years of age. Further tests are carried out at the age of 12 and at 14 before the child leaves school. Children who stay at school after 15 years of age are tested again at 16 and 18.

Colour vision is tested in conjunction with the intermediate routine school inspection.

Mr. J. R. S. Barton, Consultant Ophthalmologist, has written as follows:—

"I would like to stress the importance of referring all cases of defective vision or possible strabismus. This will necessarily involve referral of many normal children but we have a very adequate staff to deal with this.

I have recently seen two children referred through the school services who had pathological features necessitating further investigation and treatment and these undoubtedly would not have been picked up unless they had been referred through the school service. In addition, the early diagnosis of strabismus is undoubtedly reducing the instance of eccentric fixation which is responsible for most cases of intractable amblyopia. This has become increasingly significant following new legislation on visual requirements for driving heavy duty vehicles."

SPEECH THERAPY

Details of the Speech Therapy Service are given in the Tables at the end of this Report.

Miss D. Ledamun has supplied the following report:—

"During the year our establishment was increased and we were able to welcome to our ranks two additional therapists. We continued to have regular staff meetings and on two of these occasions were fortunate to be able to welcome speakers. In July, Mr. N. Poulter, the County Orthodontist, talked to us about orthodontics in general, and in particular, about his work with cleft palate babies. In October, Mr. R. Piggott, Consultant Plastic Surgeon, spoke to us and showed a film about nasendoscopy and its value in assessing the competence of the nasal sphincter in cleft palate patients.

Therapists throughout the profession are becoming more and more aware of the frustrations of weekly treatment and of the benefits of intensive therapy. In some urban areas intensive courses of treatment are being organised to include both individual and group therapy. We are at present investigating the possibilities of adapting such methods for use in Somerset."

ORTHOPAEDIC SERVICE

During 1971, 642 new cases were seen at the clinics, of whom 438 were children of school age. The total number of attendances made was 4,352, and the number of children seen and examined by the surgeons was 2,177. This figure includes the new cases.

The number of patients discharged from the orthopaedic clinic during the year was 491, of whom 366 were children of school age.

The number of school age children seen was 1,463.

	Total New Cases	Pre-School	School
1966	485	232	257
1967	572	207	365
1968	469	164	305
1969	512	212	300
1970	609	243	366
1971	642	204	438

Mr. J. R. Kirkup, the Visiting Orthopaedic Surgeon, has supplied the following very interesting report:-

"The above figures show that the number of school children referred in 1971 was well above recent annual totals. Of these, 186 cases (42%) were diagnosed as flat feet, valgus ankles, femoral anteversion, intoeing gait or faulty shoe wear. Of 204 pre-school children, 105 (51%) were placed in the same groups which often are seen to be inter-related: these children frequently exhibit generalized joint laxity, in the lower limbs at least, and give a history of sleeping in the prone position during early infancy. Such a posture ensures that the new born spends perhaps 23 hours a day lying face down, with the upward pressure of the cot reacting against body weight and gravity to maintain the legs immobile in an internal or external rotated position at the hips, or one hip rotated internally and the other externally. Generally the legs are extended but occasionally the hips and knees are flexed up under the abdomen. Thus, rotational and sometimes angular stress is placed on growing epiphyseal plates leading to structural bone changes, mainly internal femoral torsion, often combined with internal tibial torsion.

When such children crawl, the legs are held in internal rotation, and when they sit, a kneeling position is often adopted with shins at right angles to thighs and the medial margins of the feet closely applied to the floor. At the walking stage, balance is achieved with the legs medially rotated and thus an intoeing gait is established with the feet in valgus and the shoes wear medially at the heel. Spontaneous correction of tibial torsion is usual in the first three years of walking and intoeing usually improves considerably in the same period. Such improvement can be associated with a diminishing amount of time prone and increasing time in other postures.

Treatment is rarely indicated though it is helpful to correct abnormal heel wear by shoe wedging. Those cases slow to overcome an intoeing gait eventually apply themselves to pointing their toes in the direction of movement but persistent 'knee squint' or medially facing patellae remain as indicators of femoral torsion. By and large such limbs are compatible with normal function, although a restricted range of external hip rotation remains with some clumsiness often associated with lack of facility at games. Occasionally the 'squint' is marked enough to produce instability at the knee joint and obliges the surgeon to correct the deformity by derotation osteotomies.

Prevention is better than cure and certainly many rotational problems may not arise if prone sleeping is avoided. It is recognised that some infants refuse to sleep in any other posture, though it is likely the majority would sleep otherwise if so positioned. Paediatricians and midwives favour the prone position to avoid inhalation of regurgitated feeds. This problem can be overcome by lying infants on alternate sides in a semiprone posture with the cot depressed at the head-end. Such positioning may not eliminate torsional deformities but could reduce the problem and so diminish the number of referrals to our clinics."

CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1971 is set out in tabular form at the end of the Report.

During 1971 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

Dr. A. H. Bakker reports:-

"South West Somerset

The Child Guidance Service has continued to work at very much the same level as in previous years but there is an increasing involvement with the new Social Services Department, the Team acting on a consultant basis both to social workers and health visitors.

The Child Guidance Teams in Taunton and Yeovil have been strengthened following the retirement of Miss Blythen by the appointment of two new psychologists, Mr. J. F. Cole and Mr. D. J. Knapman."

Dr. M. F. Bethell writes:-

"Clinics have continued to be held at The Mount, Taunton, and at Minehead Hospital.

It appears to stand out to me that there is a crying need for the use of The Mount at least one evening a week to enable adolescents and parents to be worked with both by the psychiatrists working in child psychiatry and the social workers involved.

Children in adolescence cannot be actively treated in isolation. It is essential the family be worked with and the evening clinic offers a much better chance for this to be able to be done.

The question of group work would also be able to be considered, both by psychiatrists and social workers, with both adolescents and parents. Also fathers would be much more able to be seen on their own, jointly and in the group."

Dr. Mary Carter reports:-

"North West Somerset

With the creation of a new post for a Child Psychiatrist in Somerset, we are now able to hold sixteen Clinics at Weston-super-Mare, instead of twelve Clinics. We hope that this will make possible a reduction in waiting time, which has sometimes been as long as three months, and also allow more treatment sessions.

There has been increasing co-operation in treatment by the schools, and we are extremely grateful to the teachers concerned for the time and effort they have given. This has been particularly helpful for 'School Phobic' children, as a result of which a number have been successfully returned to their original schools, instead of going away to boarding school.

This Autumn we had again the seasonal crop of school phobics and we hope that with the schools' help we will again be able to treat them successfully in their own homes and return them to their own schools. One of the limiting factors in the number we can treat in this way is the available time of the clinic team.

There is a pressing need in the County for day provision for maladjusted children. There have been several children during the last year who have been either suspended from school attendance or placed in a boarding school when a more appropriate treatment would have been placement in a remedial unit attached to one of the schools in the area. Happily it looks as if it is going to be possible to form such a unit in the near future in one of the schools."

Dr. E. G. Ostler reports:-

"North East Somerset

We were pleased to welcome Ruth Gillett as our Social Worker at the beginning of the year. She is, however, having to carry a very heavy case load considering that she is only working with us for six sessions a week.

There has been a steady increase in the number of cases referred, the greatest number of referrals coming from Frome where many of the children are now referred by their general practitioners who are also doing the school medicals in that area. The service we are able to offer at the Frome Health Centre is still limited by the lack of a play room and we hope to be able to increase our treatment facilities there when a play room is built into the Health Centre extension.

We have continued our termly meetings with teachers from schools from which we have children attending the clinic; and we feel that there is scope for extending our contact with the teachers who are actually involved with the children coming to clinic.

We have been pleased with the way in which our links are developing with the new Social Services Department in our area, and we have been seeing an increasing number of referrals from the Social Services Department.

The clinics were rather disorganised for two months during the summer when we were without a permanent secretary, and we became very aware of how important good secretarial services are to the efficient running of Child Guidance Clinic service."

COUNTY DENTAL SERVICE

The Principal School Dental Officer reports:—

“1971 saw the retirement of Mr. Quentin Davies after 41 years in the public dental service, the last 22 years as Chief Dental Officer of Somerset. He will have seen many changes in dentistry during his long career and his contribution to the dental scene in Somerset is invaluable. Due primarily to his own endeavours over the years, there has developed a most efficient and much respected service which provides comprehensive dental care for over 96,000 children, as well as other priority classes, in well-equipped fixed and mobile dental centres. Undoubtedly he has earned the gratitude of successive generations of school children and we all wish him the long and happy retirement he deserves.

The County Dental Service is concerned with the dental health of the whole community it serves. So realistic control of dental disease and the creating of public awareness about dental matters are most important, whilst the maintenance of good and effective treatment services is essential.

By working in liaison with general dental and hospital services, this enables the development of the local authority dental service to be complementary to, rather than competitive with, those of other dental practitioners. The extension of services less well-provided in the community becomes possible, e.g. the specialised and time consuming techniques for children, care of the mentally and physically handicapped and implementation of broad dental health education programmes.

Dental Inspection and Treatment (numerical details on Page 31)

Again there was an increase in the number of children inspected with over 74 per cent of the school population being seen during the year, of which about half were considered to require treatment at the time of inspection. With those children reinspected during the year, i.e. having regular dental care, the number found to require treatment decreased from 46 per cent in 1970 to 27 per cent in 1971. Over 66 per cent of the children offered treatment obtained it through the County Dental Service.

Happily the problems of gross dental sepsis in neglected mouths—involving much surgery time in the relief of pain and multiple extractions—have largely been overcome in our children. Patients are now seeking maintenance care to preserve their teeth, while the more advanced conservative procedures are increasingly demanded and provided. For example, in 1971 the number of root fillings carried out increased by 22 per cent over the 1970 figures, also there was an increase of 14 per cent in the number of crowns fitted.

The ratio of teeth filled to teeth extracted continues to improve showing a long-term trend towards keeping teeth.

- In 1951 for every 100 teeth filled 96 were extracted.
- In 1961 for every 100 teeth filled 55 were extracted.
- In 1971 for every 100 teeth filled 29 were extracted.

These figures indicate a general improvement in terms of treatment received, but not necessarily in dental health. Unfortunately, the incidence of dental disease remains as high as ever, as evidenced by the total number of teeth requiring treatment.

	Number of children treated	Total number of teeth treated (filled or extracted)	Teeth treated per child
1951	10,763	28,388	2.6
1967	18,883	55,028	2.9
1968	17,618	53,620	3.0
1969	18,403	57,444	3.1
1970	18,247	57,828	3.2
1971	18,365	57,770	3.1

Dental Facilities

A new dental unit as part of Nailsea Health Centre was opened this year and provides a modern well-equipped fixed centre for this northern part of the County. Dental suites are being incorporated in two other proposed Health Centres at Wellington and Wincanton, which are due to be completed in 1973.

One of the surgeries in the Weston-super-Mare Dental Centre has been completely re-equipped; at the same time, additions and modifications to dental equipment and surgery layout in several other centres throughout the County have continued as part of the planned programme of modernisation. The eleven Mobile Dental Units continue to be fully utilised and form an important part of the total service.

The County Laboratory at Taunton—now at full establishment—provides excellent service in support of the Dental Officers in the various centres. Much less technical work has had to be sent out to commercial laboratories during the year and the output of our own Technicians continues to be satisfactory. The Dental Technician appointed by the Regional Hospital Board, to carry out work for the Hospital Consultants, started in our laboratory in February on a shared expenses basis. This arrangement generally seems to be working out to the advantage of all concerned.

Dental Health Education

The primary schools have been encouraged to develop project participation dental health education programmes, with the support of the Education Department. A booklet has been prepared and sent to all primary schools which points out that teeth and their care form good subject material for project learning. The teacher and children choose and manage their own projects on dental topics with advice and guidance from the dental section as necessary, thus finding out facts about dental health for themselves. As well as providing good teaching situations it helps to create a greater dental awareness in the children.

The Dental Auxiliary and Dental Officers have continued to devote time to dental health education by giving talks and showing films to school children and at playgroups. Dental health posters and leaflets have been supplied for use in schools and dental centres. It is not possible, however, to quantify the results of dental health education programmes as these will only show up in any long term improvement in the dental health of children.

Dental Staff

During 1971 there were several staff changes, which are always somewhat disturbing for both patients and the dental section. As well as the retirement of the Chief Dental Officer, two Senior Dental Officers and two Dental Officers resigned for various reasons. Two new Senior Dental Officers and one Dental Officer have been appointed, but two of these three Officers did not take up duty until 1972. Due to an increasing and changing pattern of demand for dental service in the Yeovil area, a new Dental Officer post has been established in place of a Dental Auxiliary post. The two vacancies are currently being advertised.

Five officers attended post-graduate courses and conferences during the year which were of value, not only to the officers themselves, but also to maintain the standards of the dental service in general. Two staff meetings were held when any problems arising from dental treatment or administrative procedures could be discussed with advantage.

The dental staff have worked well and efficiently and I would sincerely thank them all for their help and co-operation during my first year. My thanks also go to the professional and administrative staff in the Health and Education Departments at County Hall, and particularly Mr. G. Tarr and Mr. R. Smith, for their considerable advice and guidance since my arrival in Somerset."

The County Orthodontist reports:-

"I would draw attention to four interesting features of comparison between the orthodontic returns for 1970 and 1971.

(1) New cases commenced—This figure is lower this year by 79 cases. The corresponding figures for your County Orthodontist were 183 and 181, which shows that the number of new cases treated by other Dental Officers throughout the County has fallen by 77. This is disappointing, as in my report for 1970 I had hoped that during the year the orthodontic coverage would be increased.

(2) The number of cases completed shows a welcome increase.

(3) The number of discontinued cases must have reached an all time low—a very satisfactory factor which clearly demonstrates the care which Dental Officers take in choosing their patients for this specialised work.

(4) The large increase in the number of fixed appliances fitted. This is due to the use of pre-formed orthodontic bands, which are more easily fitted to the teeth, whereas in previous years individual bands had to be made in the surgery for each tooth. Such fixed appliances will often do the work of three removable appliances and in a shorter time.; consequently they are more economical where considerable tooth movement is required. There are also cases which are not suitable for treatment with removable appliances.

It must be stressed that orthodontic treatment, usually lasting for a period of 2–2½ years, must not be undertaken lightly. Appliance therapy can only be carried out in fixed clinics and in many cases this will necessitate patient and parent travelling long distances from home or school to the treatment centre. Consequently, before commencing treatment, the parent must be seen and the problems of the treatment and time involved fully explained so as to ensure the complete co-operation of patient and parent.

Orthodontic Training for Dental Officers

In May a whole day was devoted to a short course on the diagnosis and treatment of orthodontic cases fully illustrated by models and slides. All maintained that the course was of benefit and it is hoped to hold a similar course in the coming year. A permanent display of appliances has been set up in a show case in the orthodontic surgery at Tower Lane, Taunton.

Cleft Palate Cases

During the year only two new cases of cleft lip and palate cases were seen and only one of these required pre-operative orthodontic treatment. A very careful check has been kept at six monthly intervals on all cleft cases which have at any time come under the care of your Orthodontist and I am privileged to be able to co-operate with the Plastic Surgeons by attending the Clinics at which these cases are periodically seen at Musgrove Park Hospital, Taunton.

Orthodontic co-operation has been established with all branches of the dental profession, and shows that boundaries can be overcome and indeed need not exist. However, I would make the point most strongly that in comparing orthodontic returns from Local Authorities with those from the Hospital and General Dental Services, the terms 'New Cases commenced' and 'Cases completed' have quite different interpretations. It is hoped that when 'reorganisation' takes place some more standardised method of compiling returns will be devised.

May I add my tribute to Mr. Quentin Davies. We both arrived on the same day and built up between us an orthodontic scheme for your County which can safely be said to be among the best in the country. I am most grateful to him for his help and encouragement throughout the many years in which we were associated together.

My thanks are due to the Laboratory for keeping up the high standard of workmanship which they have shown in making the many and various types of orthodontic appliances, and finally, to Mrs. May, my Dental Surgery Assistant, for all her help during the year."

II. INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

Early in the year a publication entitled "Memorandum on the Control of Infectious Diseases in Schools" prepared jointly by the Department of Education and Science and the Department of Health and Social Security was received. This Memorandum gave fresh advice concerning exclusion periods for infectious diseases. An appropriate circular letter was issued to all schools in the County.

Details of the exclusion periods now recommended are given in the following two Tables:—

Table 1

Disease	Incubation (Days)	Minimum Period of Exclusion	Contacts
Bacillary Dysentery	1 – 7	To be determined by the School Doctor after clinical recovery	None
Chickenpox	11 – 21	6 days from onset of rash	None
Diphtheria	2 – 5	Until declared free from infection by the School Doctor	The School Doctor will arrange for appropriate action in conjunction with the P.S.M.O.
Food Poisoning	2 – 24 Hrs. according to cause	To be determined by the School Doctor after clinical recovery	If there are a number of cases, the School Doctor will arrange for appropriate action in conjunction with the P.S.M.O.
German Measles (Rubella)	14 – 21	4 days from onset of rash	None
Infective Jaundice	15 – 50 (commonly 28)	7 days from onset of jaundice	If there are a number of cases the School Doctor will arrange for appropriate action in conjunction with the P.S.M.O.
Measles	10 – 15 (commonly 10 to onset of illness and 14 to appearance of rash)	7 days from onset of rash	None
Acute Meningitis	2 – 10 (commonly 2–5)	To be determined by the School Doctor after clinical recovery	None
Mumps	12 – 26 (commonly 18)	Until swelling has subsided	None
Poliomyelitis	3 – 21	To be determined by the School Doctor after clinical recovery	The School Doctor will arrange for appropriate action in conjunction with the P.S.M.O.

Table 1 (continued)

Disease	Incubation (Days)	Minimum Period of Exclusion	Contacts
Smallpox	7 – 16 (commonly 12)	Until declared free from infection by the M.O.H. (commonly 16 days after exposure)	16 days
Respiratory Streptococcal Infection	2 – 5	Until appropriate treatment has been given	If there are a number of cases the School Doctor will arrange for appropriate action in conjunction with the P.S.M.O.
Tuberculosis	4 – 6 weeks	Until declared to be non-infectious	The School Doctor will arrange for the appropriate management in conjunction with the P.S.M.O.
Typhoid	7 – 21 (usually 14)	) Until declared free from infection by the M.O.H. ) )	) The School Doctor should be consulted)
Paratyphoid	1 – 10		
Whooping Cough (Pertussis)	7 – 10	21 days from onset of paroxysmal cough	None

Table II

Disease	Minimum Period of Exclusion
Impetigo	Until spots have healed unless lesions can be covered
Pediculosis	Until treatment has been received
Plantar Warts	Exclusion from barefoot activities
Athletes Foot (Ringworm of feet)	Exclusion from barefoot activities
Ringworm of the scalp and body	Until treated adequately
Scabies	Until adequate treatment instituted

There were no serious outbreaks of infectious disease during 1971. No cases of poliomyelitis or diphtheria were reported amongst school children.

A girl, aged 12, living in the north of the County, became ill on 15th August shortly after her return from holiday in Spain. Her illness was confirmed to be typhoid fever. She made a good recovery.

Infective Hepatitis

During the earlier part of the year, there were thirteen cases of infective hepatitis in the vicinity of a relatively isolated village in mid-Somerset. A number of children attending the village primary school were affected. In view of the success of the measures taken in a similar outbreak in 1969, the District Medical Officer obtained a supply of human immunoglobulin from the Central Health Laboratory, Colindale, so that protection could be offered to the remaining susceptible school children. All their parents accepted and he was able to inject 45 children and 5 adults at the school on 28th May, 1971. There were no further cases.

The sanitary arrangements in the school were unsatisfactory.

The children whose tuberculin tests gave a firmly 'positive' reading were referred to Chest Clinics or to Mass Radiography Units for investigation with the following results:—

											Born 1958 (or earlier)
Nil abnormal discovered	..	..	..	..	..	..	..	..	..	..	339
Healed primary lesions only		..	..	..	..	..	..	..	..	..	9
Did not attend or result not known	..	..	..	..	..	..	..	..	..	..	22
Pulmonary tuberculosis discovered	..	..	..	..	..	..	..	..	..	..	0
											<hr/> 370 <hr/>

(151 children were not referred to Chest Clinics as the 'positive' reading was the result of previous B.C.G. vaccination).

† Children whose tuberculin test gave a 'positive I' result were given B.C.G. vaccination.

* Children absent are given a second opportunity in the following year.

In June 1971, we were asked by the Medical Research Council to participate in a national tuberculosis survey which was designed to assess the present level of tuberculous infection in school children in England and Wales. All the schools selected in Somerset agreed to participate and, after obtaining parental consent, 393 children aged 13 yrs. and 276 children aged 6 yrs. were tuberculin tested in November and December. Interim results show a satisfactorily low level of infection in the child population. Those children aged 13 who were tuberculin negative or grade I positive were subsequently given B.C.G. by the appropriate school doctor.

The photograph on page 20 shows some of the girls at one of the secondary schools participating in the survey.



National Tuberculosis Survey (see page 19)

III. HANDICAPPED PUPILS

RESPONSIBILITY FOR THE EDUCATION OF MENTALLY HANDICAPPED CHILDREN

On 1st April, 1971, the Education (Handicapped Children) Act, 1970, and Department of Education and Science Circular 15/70 were implemented and the six schools for the mentally handicapped situated at Bridgwater, Glastonbury, Radstock, Taunton, Weston-super-Mare and Yeovil were transferred to the control of the Education Committee.

BLIND

Twenty at Special Schools, one on waiting list.

Children of school age are educated by methods which do not involve the use of sight and are usually placed at Ysgol Penybont, Bridgend; Royal Normal College, Shrewsbury; Worcester College, Worcester, and Chorleywood College, Hertfordshire. Younger children are often admitted to the Sunshine Home, Southerndown, Glamorgan.

PARTIALLY SIGHTED

Twenty at Special Schools, no waiting list.

Children are usually placed at the West of England School for Partially Sighted Children, Exeter, Devon, when capable of being educated by special methods involving the use of sight.

DEAF

Thirty-three at Special Schools, two on waiting list.

The majority of deaf children are placed at the Royal School for the Deaf, Exeter, with pre-school age children admitted to the Nursery Unit of this school.

PARTIALLY HEARING

Thirty at Special Schools, four on waiting list.

A number of partially hearing children attend schools or units in Bath and Bristol. The majority of children with hearing defects remain at home and receive education in their local schools, being supervised by the Travelling Teachers of the Partially Hearing. Special teaching techniques and individual tuition is provided. Others are placed at the Royal School for the Deaf, Exeter, where education on a boarding school pattern is provided. At the end of the year, plans for the new partially hearing unit at Weare were well advanced.

EDUCATIONALLY SUBNORMAL

One thousand and sixty-one at Special Schools, 174 on waiting list for day placement and seven for boarding accommodation.

Special School provision is as follows:—

Elmwood School, Bridgwater

A day special school for 100 pupils plus an assessment class for 10 children in 5 — 8 year age range.

Fairmead School, Yeovil

A day special school for 120 pupils.

Fosseway School, Radstock

Has a boarding hostel for 40 girls and provides in addition for 100 mixed day pupils.

Monkton Priors School, Taunton

Has a full boarding hostel for 30 boys and places for 90 mixed day pupils, plus an assessment class for 10 children in the 5 — 8 year age range.

Ravenswood School, Nailsea

A day special school for 100 pupils plus an assessment class for 10 children 5–8 year age range.

Westhaven School, Weston-super-Mare

Has a weekly boarding hostel for 40 boys and in addition has places for 60 mixed day pupils, and an assessment class for 10 children (5–8 years age range).

Somerset pupils are also placed at special schools maintained by other authorities; for example, children requiring special education as day pupils attend special schools in Bath and Bristol. Others requiring boarding education attend residential special schools maintained by the Bristol and Devon Local Authorities.

EPILEPTICS

Four are at Special Schools, no waiting list.

Lingfield Hospital School, Lingfield, Surrey, and St. Elizabeth's, Much Hadham, Hertfordshire, are mainly used.

MALADJUSTED

Ninety-seven at Special Schools, with seven on waiting list for boarding placement.

Some severely disturbed children are accommodated at the Merrifield Unit and School for Psychotic Children, Tone Vale Hospital, Norton Fitzwarren, Taunton, where often children are admitted from neighbouring Authorities as well as from Somerset.

PHYSICALLY HANDICAPPED

Eighty-eight at Special Schools, 14 on waiting list.

Princess Margaret School, Taunton, an establishment administered by Dr. Barnardo's, is used for suitable physically handicapped children. A Day Care and Education Unit for pre-school children was opened at this school on 8th September, 1971. This excellent new facility should prove most valuable.

Cold facts and figures may fail to convey exactly the problems with which handicapped children have to contend and the efforts made to overcome the difficulties encountered. Typical case-histories of two physically handicapped pupils are:—

Case A:

Carol (this is not her real name) was born in October 1962 with a lumbar myelomeningocele (spina bifida). She had operative treatment at Frenchay Hospital, Bristol. In March 1963 she was admitted to Southmead Hospital suffering from B. coli meningitis, from which she made a good recovery. In October 1963 Carol was admitted to the Winford Orthopaedic Hospital for operation because she also had a congenital dislocation of the right hip and was discharged in November 1963. By February 1965 she was still unable to stand or walk. In 1966 she had an ureteric transplant and was fitted with an urinary bag because of her incontinence. In the Spring Term 1968, home tuition was provided but this arrangement was interrupted by further spells of in-patient treatment at Winford. In December the school medical officer reported "now able to walk with calipers and crutches as far as the local shop — about 400 yards there and back. A little help is required in going up and down steps and also with her urine bag". Carol was given a trial period at the local school for the last two weeks of the Spring Term 1969 as she had had little association with other children except when in Winford Orthopaedic Hospital. From the Summer Term, home tuition ceased and she was able to manage all day at the local infants' school, a staff lavatory being made available for the child's use. The staff at that school and at the junior school which she now attends have been marvellous in coping with the special difficulties. A recent report is "she is well liked by both staff and pupils who do all they can for this severely crippled child".

Case B:

Ronald (not his real name) was born in August 1963, also with a spina bifida. He was the ninth child in the family. He also had an arrested hydrocephalus. The spina bifida was repaired at birth and he remained under constant and regular out-patient treatment at Musgrove Park Hospital, Taunton. At the end of 1964 it was necessary to refer Ronald to the Consultant Orthopaedic Surgeon on account of scoliosis (curvature of the spine). His mental development appeared to be average. In July 1967 the Health Visitor reported that he was making slow but steady progress but was not yet able to walk alone although able to make quite a few steps when wearing his calipers. His speech and behaviour were then normal for his age and he had achieved bladder and bowel control. The local infants' school agreed to take him on Thursday afternoons after Easter 1968 so as to introduce him slowly to school life and to admit him in the usual manner in September 1968. In September 1970 he was transferred to a junior school, receiving transport there on medical grounds on the recommendation of the school medical officer. Through the kindness of the Princess Margaret School, Taunton, a wheel-chair was provided for his use. In 1971, Ronald had operative treatment at the Robert Hunt and Agnes Jones Orthopaedic Hospital, Oswestry, Salop, where he was fitted with a Milwaukee brace. He still attends there for occasional check-ups.

SPEECH DEFECTS

Five at Special Schools, no waiting list.

Moor House School, Hurst Green, Oxted, Surrey, or the John Horniman School, Worthing, Sussex, are used for children with severe speech defects who need residential placement.

DELICATE

Fifteen at Special Schools, and twenty-seven children in Residential Homes and attending ordinary schools. One on waiting list.

Continued use is made of the Devonport Houses for Children at Buckfastleigh, Devon, and the Heathercombe Brake Trust Homes, Manaton, Devon.

HOME TUITION

Under Section 56 of the Education Act, 1944, the Local Education Authority is able to provide education at home for any child who for one reason or another is unable to follow a normal school curriculum.

Periods of tuition have been provided for sixteen children during the year.

TRANSPORT OF SCHOOL CHILDREN ON MEDICAL GROUNDS

Transport to school is provided by the County Education Committee for any children who are certified by the Principal School Medical Officer as being physically unfit to walk to school, irrespective of the distance involved. These cases are regarded as 're-examinations' and are examined by the School Medical Officer on each occasion a medical inspection is carried out at the school, and/or immediately prior to the termination of the period for which transport was recommended.

At 31st December, 1971, 112 children were being conveyed to school on medical grounds, an increase of two compared with the number who were being conveyed at a similar date in the previous year.

IV. SCHOOL HYGIENE

SANITARY CONDITIONS IN SCHOOLS

Originally, this £364,000 programme was started in 1967, with the intention that the unsatisfactory conditions in all schools should be remedied by 1970. It was evident, following a review in October, 1971, that completion could not be envisaged until possibly 1973/74 at an additional cost, based on a forecast by the County Architect, of £150,000 to £200,000.

There are some fifty schools still to be dealt with and a further twenty-five where conditions are equally unsatisfactory, and, although their future is uncertain, they must not be overlooked.

The situation therefore at the end of 1971 can be summarised as follows:—

Sum allocated 1967/1973	—	£414,000
Contracts Completed	—	1—24 and part contract 25
Proposals for 1972/73	—	Completion of part contract 25, 26A, 26B, 27A, 27B, and Flax Bourton School.
Remaining Contracts	—	Contracts No. 28, 29, 30, 31, 32, 33 and 34.

In addition, there are twenty-six voluntary aided schools in need of attention.

MILK IN SCHOOLS SCHEME

The Education (Milk) Act received the Royal Assent on 5th August, 1971. In consequence, the Provision of Milk and Meals (Amendment No. 2) Regulations, 1971, were made on 17th August, 1971. As from 1st September, 1971, Local Education Authorities were required to provide free school milk *only* for the following classes of pupils in maintained schools:—

- a. pupils in special schools;
- b. pupils in other maintained schools up to the end of the summer term next after they attain the age of seven;
- c. other pupils in primary schools and junior pupils in all-age and middle schools where a school medical officer certifies that the pupil's health requires that he should be provided with milk at school.

Up to the end of 1971, school doctors in Somerset had given certificates for free milk to 301 children out of a total school population of 34,000 7—11 year old children (0.9%).

A number of schools in the County made local arrangements for milk to be received by children aged 7 to 11, the cost being met by the parents.

The provision of free milk was discontinued in secondary schools in September, 1968.

Details of milk samples taken from schools and other establishments during 1971 are set out in the following Table.

	Pasteurised		Untreated		Total
	Satis.	Unsatis.	Satis.	Unsatis.	
"Milk in Schools" Scheme	87	2	0	0	89
Central Kitchens and other County Council Establishments	55	4	1	0	60
TOTALS	142	6	1	0	149

SCHOOL SWIMMING POOLS

The number of swimming pools provided in schools by Parent/Teacher and similar organisations with grant aid from the Education Authority continues to grow at the rate of approximately ten per year.

Most new pools of permanent construction now have some form of covering provided initially, or within two to three years of completion. In 1971, the first new swimming pool designed to operate all the year round was constructed.

A total of 25 pools are now covered; of these 21 have some form of water heating, usually by electricity. The great advantage of covered and heated pools is that the swimming season can run for a period of approximately thirty weeks compared with twelve to fourteen weeks without these facilities.

Some swimming pools provided in secondary schools about ten years ago are being outgrown by the schools because of enlargement to comprehensive status. In this sort of situation, interest is growing in the construction of large heated swimming pools jointly financed and used by the County Education Authority and by the Local Districts.

Several evening talks were given to Parent/Teacher Associations and Mental Health Organisations concerning the provision of swimming pools.

The learner type swimming pool at Fiveways School, Yeovil, was completed during 1971, and heated changing rooms were provided adjoining the swimming pool at Beckery School, Glastonbury.

The development of swimming pools over the past few years is set out in the following Table:—

	PERMANENT POOLS			PORTABLE POOLS	
	With Purification Plant		Without Purification Plant	With Purification Plant	Without Purification Plant
	Schools	Special Schools for Mentally Handicapped			
Prior to 1960	2	—	13	—	—
1960	4	—	16	—	—
1961	7	—	19	—	2
1962	9	—	21	1	2
1963	13	—	20	1	3
1964	25	—	15	2	9
1965	29	—	15	9	10
1966	40	—	12	17	10
1967	48	—	11	26	4
1968	51	2	10	31	5
1969	56	3	10	34	5
1970	56*	4	10	44	4
1971	62*	5	9	48	4

* Includes 1 pool (Portishead Gordano Comprehensive) Not in use.

Pools under construction — 0

Pools under consideration — 6

SCHOOL MEALS SERVICE

Meat inspections at central kitchens and self-contained canteens, a service which has been operating for ten years, were maintained throughout the year. All complaints were investigated but generally the quality of the meat supplied under contract was of a high standard.

The Chief Education Officer reports:—

“During the year 1971 there has been a marked decrease in the number of children taking meals, because of the increased charge which became effective from the beginning of the Summer Term. In October the total daily production was 67,750 meals. The percentage of children taking meals during this month was 64.60. The number of central kitchens in operation is 13 and there are now 295 self-contained canteens.”

A statistical comparison of the years 1970 and 1971 is set out below:—

SCHOOLS	Year Ended 31.12.70		Year Ended 31.12.71	
	No. of Schools	No. of Meals per day	No. of Schools	No. of Meals per day
Grammar	16	4,904	10	3,025
Secondary Modern and Technical	39	11,616	26	6,763
Comprehensive	10	5,836	20	9,719
Middle	1	166	5	768
Primary and Special	385	44,470	385	41,393
Nursery	2	77	2	76
	453	67,069	448	61,744
No. of children on books (October)		91,273		95,971
Percentage of children taking dinners at school		73.48%		64.60%

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSP- CTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin	T	91	23	71	185	69
	O	147	18	84	249	34
Eyes— a. Vision ..	T	270	94	386	750	289
	O	267	49	291	607	175
b. Squint ..	T	130	4	29	163	46
	O	79	3	26	108	20
c. Other ..	T	23	2	12	37	7
	O	23	5	22	50	5
Ears— a. Hearing ..	T	256	5	135	396	193
	O	316	6	124	446	73
b. Otitis Media	T	69	3	29	101	46
	O	167	6	60	233	33
c. Other ..	T	10	1	8	19	5
	O	10	2	4	16	4
Nose and Throat ..	T	149	15	70	234	102
	O	602	28	197	827	108
Speech	T	125	3	39	167	103
	O	299	1	42	342	40
Lymphatic Glands ..	T	10	0	5	15	10
	O	184	0	46	230	32
Heart	T	20	0	16	36	14
	O	131	10	68	209	18
Lungs	T	53	6	45	104	33
	O	274	34	114	422	60
Developmental— a. Hernia	T	30	1	12	43	18
	O	46	1	10	57	7
b. Other	T	37	9	86	132	75
	O	197	21	151	369	60
Orthopaedic— a. Posture	T	15	11	26	52	29
	O	18	12	87	179	27
b. Feet	T	174	17	133	324	79
	O	261	16	125	402	43
c. Other	T	63	21	43	127	48
	O	133	23	95	251	47
Nervous System— a. Epilepsy	T	16	5	7	28	9
	O	14	4	19	37	7
b. Other	T	7	3	18	28	26
	O	57	8	44	109	32
Psychological— a. Development	T	37	0	34	71	80
	O	134	2	75	211	62
b. Stability	T	63	5	40	108	78
	O	281	16	156	453	93
Abdomen	T	29	5	18	52	21
	O	51	11	40	102	31
Other	T	54	15	46	115	47
	O	238	22	160	420	50

(T—Pupils found to require treatment. O—Pupils found to require observation)

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	81
Errors of refraction (including squint)	3,794
TOTAL	3,875
Number of pupils for whom spectacles were prescribed	1,685

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	231
(b) for adenoids and chronic tonsilitis	751
(c) for other nose and throat conditions	148
Received other forms of treatment	747
TOTAL	1,877
Total number of pupils in schools known to have been provided with hearing aids—	
(a) in 1971	28
(b) in previous years	98

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,924
(b) Pupils treated at school for postural defects	26
TOTAL	1,950

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm—Scalp	0
Body	13
Scabies	86
Impetigo	190
Other skin diseases	711
TOTAL	1,000

CHILD GUIDANCE—SUMMARY OF WORK CARRIED OUT DURING YEAR

Cases referred to Child Guidance Clinics	..	..	..	..	..	..	764
Total number of cases seen by Psychiatrists (including 30 electro-encephalographic examinations, and 123 Court cases)	..	..	..	..	..	..	1,249
Home visits and Clinic interviews by Psychiatric Social Workers	..	..	..	..	..	..	2,961
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	..	..	..	..	..	..	92
Cases closed during the year	..	..	..	..	..	..	538

CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	182
Drug-therapy by Psychiatrists	35
Remedial teaching	0

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DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR ENDED 31ST DECEMBER, 1971									
Inspections									
(a)	First inspection in current year.	No. of pupils	..	..	..	..	..	..	68,554
	Number found to require treatment	..	..	..	..	..	..	..	34,120
	Number offered treatment	..	..	..	..	..	..	..	27,609
(b)	Pupils re-inspected in current year	..	..	..	..	..	..	..	1,800
	Number found to require treatment	..	..	..	..	..	..	..	659
Attendances and Treatment									
Courses of treatment commenced during the year									
(a)	First courses	..	..	..	..	..	..	..	18,365
(b)	Additional courses	..	..	..	..	..	..	..	552
	Number of attendances	..	..	..	..	..	..	..	49,058
	Fillings in permanent teeth	..	..	..	..	..	..	..	34,529
	Fillings in deciduous teeth	..	..	..	..	..	..	..	18,180
	Permanent teeth filled	..	..	..	..	..	..	..	28,299
	Deciduous teeth filled	..	..	..	..	..	..	..	16,455
	Permanent teeth extracted	..	..	..	..	..	..	..	3,792
	Deciduous teeth extracted	..	..	..	..	..	..	..	9,224
	General Anaesthetics	..	..	..	..	..	..	..	2,881
	Emergencies	..	..	..	..	..	..	..	1,555
	Other treatment	..	..	..	..	..	..	..	10,534
	Courses of treatment completed	..	..	..	..	..	..	..	15,755
Orthodontics									
	New cases commenced during the year	..	..	..	..	..	..	..	360
	Cases completed during the year	..	..	..	..	..	..	..	283
	Cases discontinued	..	..	..	..	..	..	..	11
	No. of removable appliances fitted	..	..	..	..	..	..	..	1,041
	No. of fixed appliances fitted	..	..	..	..	..	..	..	84
Prosthetics									
	Children supplied with full upper or lower dentures (first time)	..	..	..	..	..	..	..	7
	Children supplied with partial dentures (first time)	..	..	..	..	..	..	..	45
	Number of dentures supplied	..	..	..	..	..	..	..	70
Sessions									
	Number of sessions for inspection	..	..	..	..	..	..	..	659
	Number of sessions for treatment	7,607
	Number of sessions for dental health education	157

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SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of children under treatment 1.1.1971	No. of children under treatment 31.12.1971	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.1971
Bath	44	13	10	2	5	219	0	5	8
Bridgwater	218	46	63	48	31	924	5	11	14
Burnham-on-Sea ..	77	33	34	13	12	226	4	16	8
Castle Cary	39	17	13	3	7	172	0	1	11
Chard	79	31	16	7	22	321	2	3	4
Chew Magna (opened 24.9.1971)	11	—	5	5	0	45	0	0	7
Clevedon	44	13	11	6	8	144	0	15	19
Crewkerne	41	15	8	3	10	137	1	1	5
Dulverton (re-opened 25.1.1971)	31	—	7	9	2	108	6	5	0
Frome	128	49	63	37	23	490	0	0	30
Glastonbury	34	26	19	9	16	142	0	0	4
Keynsham	140	39	43	33	29	511	1	6	39
Long Ashton	88	25	17	9	17	278	1	17	7
Minehead	88	22	18	15	19	378	8	2	19
Portishead	75	15	21	19	13	222	0	23	11
Radstock	139	56	57	23	22	553	0	1	19
Shepton Mallet ..	61	25	24	14	15	245	0	2	12
Taunton	315	65	61	35	39	1,238	24	13	39
Wellington (re-opened 23.6.1971)	41	—	18	23	5	161	1	3	1
Wells	35	21	18	8	11	139	0	2	0
Weston-super-Mare ..	330	115	141	85	59	1,272	3	14	23
Wiveliscombe	30	7	9	5	3	144	2	0	0
Yatton (opened 25.10.1971)	8	—	5	5	0	35	0	0	4
Yeovil	183	83	74	17	26	1,006	11	1	48
TOTALS	2,279	716	755	433	394	9,110	69	141	332

SPEECH THERAPY—continued

Clinic Centre	Children receiving treatment 31.12.1971						Children discharged during 1971					
	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects
Bath	4	2	0	1	3	0	0	4	0	0	1	0
Bridgwater	7	48	0	2	4	2	5	24	0	1	1	0
Burnham-on-Sea	5	22	0	0	7	0	2	9	0	0	1	0
Castle Cary	3	8	0	1	1	0	2	4	1	0	0	0
Chard	1	13	0	0	2	0	1	18	0	0	2	1
Chew Magna (opened 24.9.1971)	0	2	0	0	3	0	0	0	0	0	0	0
Clevedon	0	7	0	1	3	0	0	1	5	0	2	0
Crewkerne	2	5	0	0	1	0	1	5	0	0	3	1
Dulverton (re-opened 25.1.1971)	7	0	0	0	0	0	1	1	0	0	0	0
Frome	8	43	0	2	10	0	6	17	0	0	0	0
Glastonbury	2	10	0	1	5	1	12	3	0	0	1	0
Keynsham	6	24	0	2	10	1	9	17	0	0	1	2
Long Ashton	0	13	1	2	1	0	0	13	0	1	2	1
Minehead	1	10	0	2	4	1	3	14	0	0	1	1
Portishead	3	9	2	2	4	1	1	11	0	0	0	1
Radstock	8	43	0	4	2	0	0	22	0	0	0	0
Shepton Mallet	6	8	1	0	6	3	3	8	0	1	3	0
Taunton	4	45	0	4	3	5	1	32	0	2	4	0
Wellington (re-opened 23.6.1971)	1	15	0	1	1	0	0	5	0	0	0	0
Wells	2	0	10	1	5	0	0	11	0	0	0	0
Weston-super-Mare	10	104	0	4	23	0	5	49	0	1	3	1
Wiveliscombe	1	7	0	0	1	0	0	3	0	0	0	0
Yatton (opened 25.10.1971)	0	3	0	0	2	0	0	0	0	0	0	0
Yeovil	12	36	4	5	16	1	2	17	2	0	3	2
TOTALS	93	477	18	35	117	15	54	288	8	6	28	10

SCHOOL CLINICS

School Clinics are held as follows:—

Location	Treatment	Sessions held
Bath Health Department	Speech	Fridays (a.m.)
Bridgwater, Albert Street	Dental	As required
Bridgwater, Bath Road, Sydenham		
Junior School	Minor Ailments ..	Thursdays (p.m.)
Bridgwater Health Centre	Child Guidance ..	Tuesdays (a.m.)
	Minor Ailments ..	Mondays, Wednesdays & Fridays (Medical Officer attends on Mondays)
	Orthopaedic (Sister)	Mondays (a.m.)
	Orthopaedic (Surgeon)	3rd Wednesdays (a.m.)
	Speech	Mondays, Wednesdays (p.m.)
		Thursdays (a.m.) & Fridays
Bridgwater Hospital	Ophthalmic	Alternate Tuesdays (p.m.)
Burnham-on-Sea, Community Centre ..	Speech	Wednesdays
Castle Cary, Dr. Lennie's Surgery ..	Speech	Thursdays (p.m.)
Chard Health Centre	Dental	As required
	Speech	Thursdays (a.m.) & Fridays (a.m.)
Cheddar, Norcroft, Barrows Road ..	Orthopaedic (Sister)	2nd Tuesdays (a.m.)
Chew Magna Primary School	Speech	Fridays (p.m.)
Clevedon Health Centre	Speech	Mondays (p.m.) & Thursdays (p.m.)
Clevedon, 68 Old Street	Ophthalmic	As required
Crewkerne, 16 Church Street	Dental	As required
	Orthopaedic (Sister)	2nd Wednesday
	Speech	Fridays (a.m.)
Dulverton, Exmoor House	Speech	Mondays (p.m.)
Frome, Health Centre	Child Guidance ..	Tuesdays (a.m.)
	Dental	Daily
	Ophthalmic	As required
	Orthopaedic (Sister)	Thursdays
	Orthopaedic (Surgeon)	2nd Thursday (a.m.)
	Speech	Mondays
Glastonbury Health Centre, Wells Road ..	Child Guidance ..	1st & 3rd Thursdays
	Dental	Daily
	Ophthalmic	As required
	Orthopaedic (Sister)	1st Wednesday (p.m.) & Thursdays (a.m.)
	Orthopaedic (Surgeon)	1st Wednesday (a.m.)
	Speech	Tuesdays (p.m.)
Keynsham, Ellsbridge House	Child Guidance ..	Wednesdays (a.m.) & Thursdays (p.m.)
Keynsham Health Centre	Dental	As required
	Ophthalmic	As required
	Orthopaedic (Sister)	3rd Tuesday
	Speech	Mondays (a.m.), Wednesdays (a.m.) & Thursdays (a.m.)
Long Ashton, Red Cross Hall	Speech	Tuesdays
Minehead, 54 Summerland Avenue ..	Dental	As required
	Speech	Tuesdays
Minehead Hospital	Child Guidance ..	Alternate Fridays (a.m.)
	Ophthalmic	Alternate Tuesdays (p.m.)
Nailsea Health Centre	Dental	As required

SCHOOL CLINICS—continued

Location	Treatment	Sessions held
Portishead Congregational Hall	Ophthalmic	As required
Portishead Folk Hall	Speech	Wednesdays
Portishead, St. Mary's Road	Dental	As required
Radstock Health Centre (Leigh House)	Child Guidance	Mondays (p.m.)
	Dental	As required
	Ophthalmic	As required
	Orthopaedic (Sister) ..	Mondays (a.m.) (as required)
	Orthopaedic (Surgeon)	3rd Friday (p.m.) (alternate months)
	Speech	Thursdays (a.m.) & Fridays
Shepton Mallet Hospital	Ophthalmic	As required
	Orthopaedic (Sister) ..	3rd Monday
	Orthopaedic (Surgeon)	1st Wednesday (early p.m.)
Shepton Mallet Red Cross Headquarters	Speech	Tuesdays
Taunton (East Reach) Hospital) ..	Ophthalmic	As required
Taunton Health Centre (Tower Lane)	Breathing Exercises ..	Mondays (a.m.)
	Dental	Daily
	Orthopaedic (Sister) ..	1st, 2nd & 3rd Tuesdays (a.m.), 2nd & 4th Wednesdays (p.m.), 4th Friday (a.m.)
	Orthopaedic (Surgeon)	2nd Friday
	Speech	Mondays to Fridays (inclusive) (except Thursdays a.m.)
Taunton, The Mount	Child Guidance	Mondays (p.m.), Wednesdays (a.m.) Fridays (a.m.)
Wellington, North Street Clinic	Dental	As required
Wellington Youth Centre	Speech	Wednesdays
Wells and District Hospital	Ophthalmic	As required
Wells, Teachers' Centre, Portway Avenue	Speech	Tuesdays (a.m.)
Weston-super-Mare, 3 Neva Road ..	Child Guidance	1st & 5th Tuesdays, 2nd Tuesday (p.m.), Thursdays (a.m.) & Fridays (p.m.)
	Dental	Daily
Weston-super-Mare, Somerset House	Minor Ailments	Tuesdays (a.m.)
	Ophthalmic	Mondays
	Speech	Mondays, Wednesdays & Fridays
	Warts	3rd Wednesday (p.m.)
Wincanton, 2 Market Place	Dental	As required
	Ophthalmic	As required
	Orthopaedic (Sister) ..	5th Tuesday
Wiveliscombe Primary School ..	Speech	Mondays (a.m.)
Yatton Methodist Church Hall ..	Speech	Thursdays (a.m.)
Yeovil Hospital	Breathing Exercises ..	Mondays (p.m.)
	Ophthalmic	Fridays (a.m.)
	Orthopaedic (Sister) ..	1st, 3rd & 5th Fridays
	Orthopaedic (Surgeon)	1st Friday (a.m.) (alternate months)
Yeovil, Preston Road Health Centre	Child Guidance	Wednesdays (p.m.) & Thursdays (p.m.)
	Dental	Daily
	Minor Ailments	Medical Officer—Fridays (a.m.) School Nurse—Daily
	Ophthalmic	Tuesdays (a.m.)—fortnightly
	Speech	Mondays, & Tuesdays (a.m.)
	Sub-normal Assessment	3rd Monday (a.m.)

